

Division of Gambling Control

Trust Supplemental Background Investigation Information

DGC-APP-143 (New 06/07)



DIVISION OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 263-3408; Fax (916) 263-3403

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Business and Professions Code section 19852(e) requires every owner of a trust, then the trustee and, in the discretion of the Commission, any beneficiary and the trustor of the trust to apply for, and obtain a state gambling license issued by the California Gambling Control Commission. The purpose of this Trust Supplemental Background Investigation Information form is to obtain information from you that is necessary to determine whether you meet the requirements for licensure under state law. By completing this form you are providing information that will be used to make that determination.

You must provide truthful information in all your responses in this application. All answers to questions in this application, and all supplemental documentation provided by you, will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type, or print legibly in blue or black ink, all information requested on this application. If a question does not apply to you, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned to the sender for completion.

Please send your completed Trust Supplemental Background Investigation Information form, along with a completed Authorization to Release Information form (DGC-APP. 006, Rev. 05/07) to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231.

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SECTION 1: TYPE OF TRUST AND TRUST INFORMATION

A) TRUST NAME		B) DATE OF TRUST	C) TYPE OF TRUST REVOCABLE IRREVOCABLE	
D) NAME OF STATE/TRIBAL LICENSEE/APPLICANT (Cardroom, Vendor, or Business Providing Proposition Player Services)		E) RELATIONSHIP TO LICENSEE/APPLICANT (e.g., owner, shareholder, beneficiary)		
F) DESCRIBE THE PURPOSE OF THE TRUST (e.g., estate planning, asset protection, charitable giving, etc.)				
G) IS THE TRUST IN EFFECT?..... YES NO IF NO, PROVIDE PLANNED EFFECTIVE DATE AND DESCRIBE TRIGGER FOR TRUST BECOMING EFFECTIVE:				
H) IS THE TRUST FUNDED?..... YES NO IF NO, PROVIDE AN EXPLANATION OF THE CIRCUMSTANCES AND ANTICIPATED TIME FRAME THAT ASSETS WILL BE TRANSFERRED TO THE TRUST:				
I) TRUST TAX ID	J) IS TRUST TAX ID NUMBER SEPARATE FROM THAT OF ANOTHER PERSON OR ENTITY?.... YES NO IF NO, COMPLETE BELOW; IF YES, GO TO SECTION 2.			
1) NAME OF INDIVIDUAL (First, MI, Last) OR ENTITY ASSIGNED TAX ID NUMBER			2) RELATIONSHIP TO TRUST (e.g., trustor)	
3) ADDRESS (Number / Street / Apt)				
4) CITY	5) COUNTY	6) STATE	7) ZIP CODE	

SECTION 2: TRUST STRUCTURE

LIST EACH TRUSTEE, TRUSTOR, AND BENEFICIARY. (If additional space is needed, attach a separate sheet of paper.)

A) INDIVIDUAL'S NAME (First, MI, Last) OR ENTITY NAME	B) ADDRESS (City, State, Zip Code)	C) SPECIFY TRUSTEE, TRUSTOR, AND/OR BENEFICIARY	D) CONTINGENT *
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO

* CHECK "YES," IF THE INDIVIDUAL'S STATUS OR INTEREST IN THE TRUST IS CONTINGENT ON A FUTURE EVENT (and describe the contingenc(ies)).

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SECTION 3: TRUST AUTHORITY

LIST EACH PERSON THAT HAS AUTHORITY OVER TRUST ASSETS AND/OR AUTHORITY OVER TRUST DISBURSEMENTS

A) INDIVIDUAL'S NAME (First, MI, Last) OR ENTITY NAME	B) DISCRETIONARY AUTHORITY OVER TRUST INVESTMENTS	C) SIGNATURE AUTHORITY OVER TRUST DISBURSEMENTS
	YES NO	YES <input type="checkbox"/> NO
	YES NO	YES NO

D) DOES THE TRUST EMPLOY A PERSON OR ENTITY AS ITS INVESTMENT ADVISOR?..... YES NO
IF YES, PROVIDE NAME OF INDIVIDUAL OR ENTITY.

NAME: _____

DESCRIBE DUTIES: _____

E) LIST THE NAME OF PERSON WHO PREPARES AND FILES THE TRUST'S FINANCIAL STATEMENTS AND TAX FORMS. F) IS THIS PERSON AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT?
YES NO

DESCRIBE DUTIES: _____

F) IS THERE ANY COMMINGLING OF THE TRUST ASSETS WITH ASSETS NOT A PART OF THE TRUST (If yes, provide details)..... YES NO

G) IS ANY TRUSTEE ALSO A BENEFICIARY OF THE TRUST? (If yes, provide details.) YES NO

SECTION 4: REQUIRED ADDITIONAL DOCUMENTATION

SUBMIT COPIES OF THE FOLLOWING SIGNED DOCUMENTATION WITH THIS APPLICATION. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY ALL PARTIES WILL BE ACCEPTED. COPIES OF THE UNSIGNED DOCUMENTS WILL NOT BE ACCEPTED. FAILURE TO PROVIDE COMPLETED DOCUMENTS MAY RESULT IN A DENIAL OF YOUR LICENSE REQUEST.

- ☐ THE TRUST AND ALL SUBSEQUENT MODIFICATIONS.
- ☐ PROVIDE A SUMMARY (in approximately two pages) OF TERMS OF TRUST (including any amendments), INCLUDING TIMING AND TRIGGER EVENT(S) THAT IMPACT STATUS OF INTERESTS IN THE TRUST AND/OR TRUST DISTRIBUTIONS.
- ☐ CURRENT FINANCIAL STATEMENTS.
 - 1) MOST RECENT BALANCE SHEET 2) LATEST INCOME STATEMENT
 - AS OF: _____ PERIOD: FROM _____ TO _____
- ☐ IRS FORM 4506-T (available at www.irs.gov)
- ☐ CURRENT DIAGRAMS or CHARTS IDENTIFYING:
 - 1) ORGANIZATION OF TRUST AND ALL PARTIES INVOLVED WITH TRUST, WHETHER TRUSTOR, TRUSTEE, BENEFICIARY, OR OTHER.
 - 2) FLOW OF ASSETS (cash or other) THROUGH THE TRUST. (Include income and corpus distributions.)

SECTION 5: DECLARATION/SIGNATURE

A PERSON HAVING AUTHORITY TO ACT ON BEHALF OF THE TRUST, INCLUDING THE AUTHORITY OVER TRUST INCOME AND ASSETS, MUST SIGN THIS FORM.

NAME AND TITLE OF PERSON COMPLETING THE APPLICATION: _____

I declare under penalty of perjury, under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, are true, accurate and complete, and that this declaration is executed by me at

On _____

CITY AND STATE

DATE

PRINT FULL NAME

SIGNATURE

DATE